

*The  
Matryoshka  
Project*

*Examining the Effects  
of Enhanced Funding  
for Specialized Programs*



**Health Accord and Service  
Enhancement Initiative Funding  
Implementation and Impact  
Stories from the Field**

JULY 2009



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**seei**

systeme  
enhancement  
evaluation  
initiative

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## Executive Summary

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In this report we continue our work, begun with *Health Accord and Service Enhancement Initiative Funding: Planning and Implementation Stories from the Field* (September 2008), to understand the processes through which Health Accord and System Enhancement funding allocation recommendations were made by decision-makers and program managers in the province's health service areas and to engage these stakeholders in a dialogue about the impact of the funding. Between January and April of 2009, we conducted interviews with frontline staff, program directors, agency administrators, and others who have been witness to what has happened in the mental health service areas. The overall focus of the interviews was to explore how these stakeholders are assessing the effects of the new money on their programs and on the mental health system as a whole. Our major findings are these:

- The influx of new money into the Ontario community mental health system has led to new programs and allowed existing programs to expand. In many places, the combination of new money and a qualified and committed workforce has facilitated a great deal of creativity and innovation, which has led to better services for individuals being served.
- Partnerships within the community mental health sector and between community mental health and other sectors are possible. When done well, they are productive, helping to inform and support the creativity and innovation of staff and programs. However, they also require a fair amount of infrastructure.
- On the frontlines there is still concern about gaps in services. There is a great deal of anxiety that the economic downturn will both increase the need for community mental health services and decrease the societal resources devoted to these services.
- The experiences and opinions we have documented in our reports suggest that a systems view is important in all aspects of mental health reform. Planners and implementers must consider what is happening throughout the entire system when making decisions about what services to develop and where to allocate funds. In addition, there is increasing recognition that many of the continuing challenges faced by the mental health system require cross-sectoral solutions.

## Background

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The Mental Health Systems Enhancement Evaluation Initiative (SEEI) is funded by the Ontario Mental Health Foundation and led by the Health Systems Research and Consulting Unit at the Centre for Addiction and Mental Health. Its purpose is to evaluate the effects of the significant investments made by the Government of Ontario, through the Health Accord for Home Care and Service Enhancement Initiative funding, in key areas of the community mental health system, including crisis response, intensive case management, assertive community treatment, early intervention, and services for individuals with mental illness who are in contact with the criminal justice system. The Matryoshka Project is one of the SEEI's 2 core studies. It is a 4-year multi-site study directed at examining the effects of the new funding on the continuity of care received by new and ongoing clients of the system.

Through the Health Accord for Home Care federal initiative, the Ontario Ministry of Health and Long Term Care allocated \$117 million to community mental health services over a four-year period. Ontario was the only province that dedicated Accord funding to mental health. But, the federal funding had important restrictions. As a requirement of funding, it had to be earmarked to target the needs of the population who would meet the criteria for homecare (i.e., those who were recently discharged from hospital and could be supported in the community). Recognizing the relationship between community mental health services and inpatient care, the Ministry invested the funds in community mental health services to support intensive case management, assertive community treatment, crisis intervention and Early Intervention programs.

The Service Enhancement Initiative was the result of an inter-ministerial partnership to keep persons with mental illness out of the criminal justice and corrections system. The joint funding also came with requirements. The investment had to be in programs that would produce a quick return within a 12-month period. A total of \$50M was allocated for court support programs, intensive case management, crisis intervention, supportive housing and safe beds.

## Project Description

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The Matryoshka Project has both quantitative and qualitative components. The purpose of the decision-maker interviews, the qualitative component reported here, was to understand the processes through which accord and system enhancement funding allocation recommendations were made by regional decision-makers and program managers, and to begin to engage these stakeholders in an on-going dialogue about the impact of the funding. We began with the following research questions:

- 1) How were recommendations about funding allocations made at the regional and program levels?
  - Who were the participants?
  - What were their assumptions in making these recommendations?
  - What was their logic/rationale in making these recommendations?
  - What do they see as potentially problematic about the process?
  - What were their expectations about the likely impact of the new funding?
- 2) How are regional and program-level stakeholders assessing the impact of the new funding?
  - What impact do they notice?
  - What do they use as evidence for this impact?
  - How do they understand/interpret the interim and final results of the quantitative component of the systems evaluation? Do the quantitative findings support or challenge their own observations?
  - Has the impact been consistent with their initial expectations and logic/rationale?

This document reports our findings from the second wave of data collection, which took place between January and April of 2009 and focused on the second research question. (The results of the first wave of data collection were described in a companion report, *Health Accord and Service Enhancement Initiative Funding: Planning and Implementation Stories from the Field*, issued in September 2008.)

Data were collected through semi-structured telephone interviews with stakeholders in each of the 7 mental health service areas that were research sites for the Matryoshka Project, including individuals involved in both EPI and court support programming. Sampling for

these interviews was purposeful and proceeded using a snowball technique. We began by approaching individuals who had participated in the first wave of data collection; those who agreed to be interviewed again were also asked to refer us to people in their areas who were likely to have knowledge of the impact of the new funding. All potential interview participants received an e-mail invitation that described the study. Individuals who agreed to be interviewed signed an informed consent form, which was faxed to the project coordinating centre. Fifty seven interviews were conducted with frontline staff, program directors, agency administrators, and others who have been witness to the impact of the new funding in the mental health service areas. A team that included Chiachen Cheng, Doris Moneweg, and Lucy Trojanowski used a question guide (included as Appendix A) to conduct the interviews, which lasted between 30 and 60 minutes. All interviews were tape recorded and transcribed verbatim.

Analysis of the interview transcripts was an iterative process. In the first stage, the initial transcripts were reviewed and an analysis template developed. This template, which was modified following review of subsequent transcripts, was designed to summarize the salient points of each interview so that the key dimensions of impact could be identified. (The template and an explanation of its categories are reproduced as Appendix B.)

Completed templates were analyzed using an inductive approach that sought to explore stakeholders' perceptions of the impact of the new money—and related issues—across the seven mental health service areas. All members of the research team, which in addition to the interviewers and the authors of this report included Nancy Chau and Desmond Loong, reviewed the completed templates and discussed emerging themes at team meetings held at monthly intervals.

## The Findings

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In 2006, during the first wave of data collection, we found that there was a great deal of optimism about what the new money would do for community mental health in the province. Stakeholders believed that the new money would increase the ability of new and existing programs to provide services and thus improve the quality of life of people experiencing mental health problems. We also found, however, that the funding allocation recommendations process and the early stages of implementation had surfaced a number of tensions. For example, participants complained about the speed with which the recommendations had had to be produced, about a mismatch between the Ministry's priorities, as directed by the Health Accord and Service Enhancement funding, and the self-identified needs of the local mental health service areas, and about an exacerbation of existing competition within the mental health sector.

In this second wave of data collection, we have seen that both the optimism and the tensions of the past have carried into the present. We explore both in this report, looking first at the logic of the expectations people expressed to us during the first wave of data collection in 2006, comparing those expectations with impact of the new funding as perceived by local stakeholders. We then examine the kinds of evidence stakeholders use to assess impact and the outcomes they value, but do not see reflected in customary measures of program and system performance, and then at the ways in which the past—in particular the processes of planning for and implementing the new money—have affected the present. We close by describing the continuing challenges and concerns identified by our participants—and their hopes and fears for the future.

## Expectations and Impact of the New Funding

In 2006, we found that:

Participants believed that the new money coming into the system would improve their capacity to provide services by increasing their staffing levels and facilitating their agencies' ability to connect with other types of services and supports. Because of that improved capacity, clients would have better access to needed services and their interactions with the system would grow more "seamless" (i.e., easier, more appropriate referrals, avoidance of gaps in services). The new money would also allow a greater number of (previously un- or underserved) clients to access this "seamless" system. Because of their improved access to an improved system, persons with mental health problems would experience an overall improvement in their quality of life.

In this round of data collection, participants largely endorsed these expectations, and the logic underlying them, but with an important reservation. Having now experienced several years of new funding, they were enthusiastic about the successes of individual programs, but were quick to note that these benefits were in many ways limited to these programs, and were not carrying over into the broader community mental health system.

Stakeholders described the impact of the new funding on existing and new EPI and court support programs as "significant," noting many "positive" effects like increases in staffing and improvements in the comprehensiveness of services offered for existing programs, as well as "new programs established that really didn't exist before" (QLDM223002). Across the board, participants were confident that both existing and new services were providing more and better support (for clients and for their families) and in this way making a difference in the lives of the clients served. In EPI, stakeholders believed that they are "head[ing] a lot of people off from developing psychosis" (QLDM222008) and "support[ing] people at a younger age...[allowing them] to avoid the long term effects of being in a mental health system...and [helping them] to come back into society in a way that is supportive to them" (QLDM225004). In the court support programs, stakeholders described how "lost service recipients" (QLDM223010) were being found, given good help, and thus were "less likely to languish in jail" (QLDM225005) or to suffer repeated crises or to re-offend. Overall, the new funding has been valuable, stakeholders assert,

because it has “made a big difference in how [clients] experience their mental health care” (QLDM223005) and, more importantly, because “you see significant difference in the consumers themselves” (QLDM221006): service users are now “actually actualizing their potential” (QLDM222007).

Participants also talked about other kinds of positive impact. In several locales, they described how new and innovative partnerships had grown up as a result of the new funding. These partnerships used close communication, instrumental collaboration, and structural networking to increase the effectiveness of services and supports. Importantly, these partnerships existed both within the community mental health sector and across sectors. For example, individuals affiliated with court support programs described new or enhanced relationships between the mental health, justice, and correctional systems. Although these relationships were not easy—and in some locales had been fraught with problems—when they worked they resulted in increased understanding and what one defense attorney described as a “change in the culture of the court” which has made “a huge difference” for “people that need mental health assistance and they’re not really criminals” (QLDM220007). EPI programs have also built partnerships across sectors, reaching out to do educational programming in the schools and for families. Several participants who work in these programs described what they perceived as a marked increase in their communities in terms of awareness about mental illness and the availability of services. One participant noted what he saw as an increase of “hope in the community” (QLDM226008). Some participants argued that the value of these partnerships extended beyond their immediate benefit to clients currently being served. As one person said, “[there is] a system level benefit...just in terms of bringing organizations closer together that increases the opportunity for partnerships in other areas as well” (QLDM224007).

In every locale, stakeholders reported being surprised at how quickly their new or enhanced services reached full capacity. The speed with which programs filled up demonstrated what they perceived as the shocking depth of unmet need in the community—need that the new funding helped to uncover, but did not really address. One participant said, “[the new money is] a drop in the bucket given the level of need” (QLDM224001). Another noted, “the more services you provide, the more people want” (QLDM223020). In this way, stakeholders perceived that programs and services funded by the new money were “victim[s] of their own success” (QLDM222014). As one person explained, “the expectations in terms of what we are able to deliver given our capacity is higher than what could be met because the need

was so great" (QLDM223008). Another noted that the overwhelming number and types of demands placed on her new program made it "a struggle in terms of making sure that the program remains compliant with the original goals" (QLDM225005). Many participants bemoaned the fact that even their new programs had, or would soon have, waiting lists.

As we noted in our previous report, in 2006 many stakeholders saw the new money as little more than a band aid for a system that had been severely neglected for more than a decade. In 2009, stakeholders voiced the same opinion. One participant credited the new money with "stabil[izing]" a system that "was on the verge of collapse" (QLDM223009), but many more reported that there are "still big holes in the system" (QLDM224001). Some argued that "targeted funding" (like the Health Accord and Service Enhancement Initiative money) in fact "facilitates the already existing gaps in services" (QLDM221010). For example, provider participants in all 7 mental health service areas described the frustration of trying to find psychiatric care or housing for their clients, particularly for those individuals whose cases were deemed particularly difficult or complex. While the new funding did not cause these gaps in services, the increased demand on the system occasioned by the flow of money to new programs and services has put these gaps, and the continued erosion of existing services that did not benefit from the Health Accord and Service Enhancement Initiative funding, into sharp relief. (We return to the topic of gaps later in this report.)

Thus, several years after our initial foray into the field, stakeholders were able to offer only a qualified endorsement of the proposition that the expectations described when looking forward in 2006 had been fulfilled. While they were nearly unanimous in the view that their expectations had been realized when it came to the individual programs and services that had received funding, there was nearly as much concordance that the new money had not really touched the larger problems of equity and access facing the community mental health system in the province: "It's been good for stand alone programs. I'm not sure that it's changed much for capacity [in the broader system]" (QLDM222008). "We're still behind...our resources are stretched to the max. I think the system went without an infusion of dollars for so long that it is still running behind" (QLDM223007). "We can increase capacity [in selected areas] all we want. It doesn't mean we're relieving pressures in all the right places" (QLDM224014).

## Evidence and Outcomes

After we asked participants to describe their perceptions of the impact the new money has had, we followed up by asking them how they knew such impact had occurred. Our goal was to learn how stakeholders in the 7 mental health services areas, especially administrators and frontline staff, assess the work that they do—both what counts as evidence to them and what kinds of evidence they value most.

Stakeholders cited a broad range of types of evidence used to make assessments about impact. They talked about using their own first hand observation and experience. As one participant said, “you know what people tell you and what you see” (QLDM224001); another noted that she knew what was going on because of “living and breathing this” (QLDM223005). Participants also described forming opinions about impact through what others, both clients and staff, told them—just “people talking about what they are doing” (QLDM224006). Many participants described using sets of indirect and direct indicators to judge success. These indicators were grounded in an understanding of impact as both process and outcome. Several people argued that they knew their programs were successful because they were so busy or because they were getting more (or more appropriate) referrals or because they were holding more intersectoral meetings, for example. Others located success in certain outcomes, such as a general awareness that “life is turning around” for particular clients (QLDM221005). In several programs, participants described basing their assessments of impact on the results of quality assurance activities like client satisfaction surveys or focus groups, which showed that people were happy with their experiences in the programs. A very few individuals discussed using formal data—such as that collected through the CDS—to assess impact. Participants also grounded their convictions about impact in logic: for example, those who believed that their EPI programs were reducing hospitalization also believed that these programs were saving the system money.

The evidence stakeholders most valued was that which pointed to the ways in which their programs were really “making a difference” in clients’ lives. In EPI, stakeholders wanted to hear stories about how early intervention had “allowed people to get back to their own lives...[and] regain the things they had lost” (QLDM222008). In court support programs, they wanted to know “whether people are staying out of trouble” (QLDM224013). Such information was necessary for morale and their sense of purpose in a field that could be

frustrating. As one participant said, "even just that one success story is worth a hundred unsuccessful stories" (QLDM221010). Unfortunately, it was difficult or impossible for them to obtain any information about quality of life outcomes for their clients. "I think ultimately everybody wants to change the outcome for the client, and I think that's a big question mark" (QLDM223005). Stakeholders treasured the "success stories" they were able to gather through testimonials from clients or families, but they also were clear in their desire for more systematic collection of long-term data on clients' quality of life.

Over and over again, we heard that the province's required data systems do not capture what mattered most to stakeholders. (Indeed, several participants indicated that they could not answer the question about the fulfillment of expectations because they had no idea about clients' quality of life.) "I don't care about the CDS and all of the reports...I want to know what difference this money is making in the lives of the people using those services" (QLDM224016). "The CDS measures how busy we are as providers" (QLDM224016), but it does not "give our funders a picture of what's being done" (QLDM223007). Participants working in court support programs complained that their inability to access data collected by the justice sector affected their ability to track clients over time. Participants also complained of other problems with these data systems:

*Data collection is poor...there are different requirements for data collection in the various programs (QLDM223018).*

*I'm concerned uh that we're sort of moving towards a system that's more umm I guess based on numbers. Umm and that often times, when you're working with folks like we do, with very complex needs, uh and situations, that, you know. And you're trying very hard to make sure that you reach out to those particular people that aren't receiving service, as we're sort of mandated to do. That we're not going to reflect those numbers in the same way because the work is different (QLDM224017).*

In general, the collection of data is perceived to be a matter of high stakes, but in the field people are confused and anxious about how it is being used to monitor their performance and to make resource allocation decisions.

We asked participants what evidence they would like to see. In addition to their desire for more information about what happens to clients over the long term, stakeholders also expressed a clear wish to learn more about what other programs were doing, both locally and across the province. They wanted to know who these programs were serving, how clients were being served, the ways in which programs were being adapted for different conditions (e.g., rural v. urban), and what "best practices" were being developed in the field. They wanted some kind of structure in which they could make non-competitive (low stakes) comparisons between what they were doing and what others were doing. Several participants also indicated that they would like to see the development of mechanisms through which information about the effectiveness of programs could be conveyed to the communities in which these programs are located.

## What's Past is Prologue

In our 2006 interviews we found a great deal of variation in how the funding allocation and planning process had unfolded in the 7 mental health service areas. In some areas, participants reported that the process of planning for the new money had brought local mental health stakeholders together, allowing them to think systemically and devise ways to develop complementary and integrated services. In other areas, participants complained that the process had led agencies to defend their own interests by fighting over scarce resources, thus reinforcing existing fissures in the community. Throughout the province, we heard that the speed with which the province had expected allocation recommendations to be made—and then programs implemented—caused many problems.

These patterns remained when we went back into the field in 2009. In general, those areas that had successfully collaborated to develop funding recommendations in 2006 reported that their collaborative structures and process were serving them well as the new programs were implemented and developed. To explain their continued success, they cited a number of factors, including having involved the right people in planning from the beginning, having been able to learn together as events unfolded, and having cultivated a shared sense of ownership for the new services. “[The planning process] took away some of the divisions that had existed before...[and] set up the ground for service agreements and for programs to work together” (QLDM221008). Participants’ reports also suggested a continuing need for support for their collaborative endeavors. In 2006, they talked about the important role played by Ministry staff as local champions. In 2009, we heard about the key role played by local bodies devoted to co-ordination and planning, which provided ongoing support for the development of needed infrastructure.

From those mental health service areas that had experienced the initial funding allocation recommendations process as competitive and destructive—“just a scramble with a lot of negative feelings about it” (QLDM223018), we heard the opposite: by not including all of the relevant stakeholders, the planning process exacerbated existing tensions—tensions that were still apparent between sectors (e.g., hospital and community, mental health and justice), between new services and established services, and between generalist and specialist services. Where those tensions existed, participants tended to complain about the ways in which services were failing—or at least failing to live up to their potential—because of shortcomings in the way they had been planned and implemented. “There are structural questions that really should have been flushed out in the beginning” (QLDM222010). “We’re on the outside looking in, trying to say you need to be sharing the resources instead of building a case management system” (QLDM223022).

Although one participant expressed admiration for the speed and efficiency with which the new funding had been rolled out, in general participants had harsh words for the haste with which decisions had been made and programs implemented. In some cases, programs had to be implemented without a reasonable period of time for planning: "They were planning it the same time they were delivering it" (QLDM223010). Many stakeholders noted that decisions made in a rush had led to mistakes, which in turn had caused conflict and a need to re-think later on. In particular, participants described the difficulty of hiring staff and finding office space in a rush and the need to start programs before staff could be properly trained.

Participants also spoke to inefficiencies in the way the funding was allocated, inefficiencies that had ongoing implications for the success of services. In particular, stakeholders in almost all areas complained that FTEs were distributed in "bits and pieces" across too many programs, thus hampering the ability of any one program to develop a comprehensive service.

*And if they say, you know, we needed five FTEs but we know that but you're only getting two, I'm not going to say no. I'm going to say I'm going to take the two...Now I'll give you an example where I think it was a mistake. [Participant names a service.] Now I do believe they put in a proposal for seven days a week, twenty-four hours a day, 365 days a year for service. They didn't have enough, the Ministry didn't have enough resources for that so they funded that service for four days. What a useless, useless. I mean they should have taken money from someplace else and given it to that [service] because it's, it's, it's useless. I mean they're using it a little bit but it's a waste (QLDM223018)*

*Other teams like they got funding for one person or two people. You know, how do you do a team? And they had funding for say a couple of people but no psychiatric backup. So I think some of the thinking going into this could have been a little more carefully done (QLDM224011).*

In 2006, the province was in the midst of a major organizational shift from centralized control at the Ministry of Health and Long-Term Care to the regionalized LHIN system. Stakeholders were ambivalent about the change at the time, expressing worry about how the LHINs would respond to the mental health sector, but also seeing opportunity in the shift. When we returned to the field in 2009, we found an almost uniform confusion and wariness about the LHINs. Participants described their own LHINs as lacking leadership, reluctant to make unpopular decisions, “in disarray” due to constant turnover, and as “removed” from what was happening on the frontlines. (It is telling that when our interviewers asked participants to suggest a LHIN representative to whom we could speak for our project, most were unable to do so.) One participant decried

*the amount of resources taken out of just the community mental health and addictions sector, to do LHIN kind of work, it amounts to a significant number of FTEs that could actually be delivering service...while I want to be consulted and want to be part of the process, I don't want to be doing their work for them. And in some ways, that's what I feel happens. One of the agencies in our area, a large, maybe it's about twice the size of our agency, has estimated that they are losing one FTE fully to LHIN activities on an ongoing basis (QLDM221011).*

A number of stakeholders believed that, because of the shift from the MOH to the LHINs and the resulting lack of local expertise, accountability had actually been lost. When it came to the services funded with Health Accord and Service Enhancement Initiative money specifically, stakeholders in several areas argued that a lack of LHIN attention and oversight had caused a “mandate drift.”

## Challenges and Concerns

Most of the challenges and concerns identified by local stakeholders had to do with gaps in services: places where the Health Accord and Service Enhancement Initiative-funded programs are having difficulty; problems at the intersection between the new services and the larger system; and broader philosophical concerns about the clinical focus of the mental health system in the province.

For participants working in EPI, a major concern was that the province has never issued practice standards for the program model. Administrators and frontline staff believed that they were doing well despite the lack of standards, but they worry about the upheavals that may result when the standards are issued. Participants working in court support complained that the service criteria their programs are using limit their ability to serve clients with complex needs—these individuals, they fear, are continuing to fall through the cracks. In particular, people decried the lack of attention given to Aboriginal groups and people with addictions and the difficulty of accessing both psychiatric and medical care for their clients. Geography is a challenge for stakeholders working in the rural and remote areas of the province. Several participants resident in these areas explained that the amount of driving frontline staff must do severely curtails their ability to provide actual program services. Participants in all areas of the province noted that stigma and discrimination are still major barriers. Such attitudes are often one source of conflict between the mental health sector and the individuals and organizations in other sectors with whom they are attempting to partner. As one court support worker said, the justice system “doesn’t want to accept or deal with mental health issues” (QLDM220003). Consistent with what we heard in 2006, participants continue to feel that the Health Accord and Service Enhancement Initiative funding is too restrictive. For example, they find that they have inadequate money to support needed administrative infrastructure. Inadequate funding is also seen as a factor in the continued problem of salary inequities between the hospital and community sectors and in the high levels of staff turnover some areas are reporting.

As we indicated earlier in this report, there is concern that the new services have put increased pressure on existing services that have not had the advantage of receiving funding increases. For example, many stakeholders described the development of “bottlenecks”

when their clients needed referrals to existing programs or services. Others noted that the focus on crisis and short-term service provision in the new programs has left little room for counseling and ongoing support. In the EPI programs, participants wondered what would happen to clients who needed continued support after they had completed the customary three years in the program. In court support, participants cited a need for programs of pre-charge diversion support and bail support. Other stakeholders were concerned that the new programs were reinforcing the downstream, reactive focus of the mental health system. In this vein, they cited concerns about the shortfalls in children's mental health services, trauma services, and services for people with moderate levels of mental illness and, in general, a lack of attention to prevention and mental health promotion. Despite the successful intersectoral partnerships developed in some areas, many participants described continued "siloing," which they saw as a barrier to real progress. As one person noted, "one sector cannot solve this by working alone" (QLDM223022).

Finally and, again, consistent with what we heard in 2006, stakeholders were concerned about the clinical focus of the province's mental health system and the paucity of attention paid to the social determinants of health. Over and over again, we heard about a lack of access to housing for clients and a shortage of programs addressing education and employment. "Safe housing, food, a purpose. I think that's where we're missing the boat" (QLDM221010).

## The Future

We asked participants both what they *wished* would happen in the future and what they thought would *actually* happen. All stakeholders expressed the wish that the challenges and concerns described in the previous section of this report could be rectified in the future. They spoke of the improvements they hoped to see in providing services for addictions and concurrent disorders, new opportunities for housing for their clients, a move to annualized funding for their Health Accord and Service Enhancement Initiative-funded programs, and better (LHIN-supported) communication and co-ordination within the mental health sector and with their partners. Few were optimistic, however. As one participant said, “I have very little confidence that things are going to get better” (QLDM224016).

The current economic downturn was the focus of much of their anxiety. Participants believed that the new economic reality would both increase the need for services and decrease the societal resources devoted to such services. In this nightmare scenario, “more and more desperation” (QLDM225005) and tears in the social fabric would cause more acute and chronic stress leading to more mental illness and addiction among the population of Ontario. At the same time, government’s focus on economic productivity would cause mental health to “fall off the radar”:

*The province takes on more of an approach that’s umm less looking at umm, less socially based I guess, or less, that’s not really the right word. We’re such a productive...everything revolves around productivity and I think that marginalized populations are most at risk to be forgotten or put aside when the economy drops and I think that in the mental health and addictions field that’s the population that we mostly deal with (QLDM221008).*

Because of the economic situation, participants feared a diminution or stagnation in funding for community mental health services. Such a reduction would make it impossible for them to grow in response to increased demand, thus reducing the quantity of available services and increasing the number and length of waiting lists. They foresaw that stagnating salaries would make retaining staff more difficult, a paucity of money for training would make it harder to implement best practices, and increased competition for funding within and between sectors would cause partnerships to fray. In this way, the quality of services would also erode.

Apart from the exigencies of the failing economy, stakeholders worried that the province's past history of inadequate funding for community mental health services would recur in the future. Many participants noted that "to be able to improve and grow, you need new funding" (QLDM222011), but many doubted that they would receive the needed support: "future costs will create sustainability problems" (QLDM222002). They were also concerned that demographic changes—the aging of Ontario's population, for example—would create many more complex challenges, which they did not see themselves as well positioned to meet.

## Discussion

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The findings of this second wave of data collection from frontline staff, program directors, agency administrators, and others suggest that good things can happen when money is put into a mental health system for which funding has been stagnant for a long time. Our participants reported seeing the establishment of new services and a greater number of people being served by existing services. In several mental health service areas, they described increases in collaboration and co-operation within the mental health sector and between the mental health sector and other sectors. Their stories of how the new funding was implemented show how local creativity and innovation can improve service co-ordination and access for several subpopulations of people in need of mental health services.

Together, this report and *Health Accord and Service Enhancement Initiative Funding: Planning and Implementation Stories from the Field* point to several cautions that should be taken into account should the province have the opportunity to infuse the mental health system with more new money in the future. First, the tight timelines required during the initial period of planning for the funding in the mental health service areas led to some errors that had to be corrected later, as well as to much consternation and stress for those doing the planning. More realistic timelines might result in a better planning process with better overall results. Second, participants in this wave of data collection were frustrated by some resource allocation decisions made during the planning process. In particular, they decried the waste of allocating FTEs in a way that might have looked fair on the surface, but that led to some programs having too few staff to function once they were actually implemented. Third, in both waves of data collection we heard about the need for the province to take account of local priorities and contextual conditions when developing plans for new services—and the ways in which plans fall short if these things are not considered. Fourth, our observation of the conditions under which partnerships can function well suggests that policy favouring partnerships and other forms of collaboration should include tangible support for the infrastructure that undergirds successful partnerships. Fifth, it is important that all planning and implementation use a systems view. The bottlenecks being reported in the mental health services areas might have been prevented, or minimized, if planners had taken into account this broader perspective.

This exploration of implementation and impact has also suggested two areas in which a moderate amount of effort might make great contributions to system improvement. We were impressed by the degree to which people on the frontlines really care about what they do and want to improve how they do their jobs. They recognize the need for the accountability structures being implemented in the system, but wish that these structures could be more immediately useful to them. In this vein, we recommend building into the system more opportunities for programs to receive individualized feedback about their performance. For example, the CDS might be used to generate customized reports for programs. The province might look more closely at the idea of non-competitive comparison described in this report, perhaps developing and sponsoring conferences or webinars during which programs and services could engage with funders and with one another to receive feedback on their performance and constructive suggestions for how to improve. Similarly, the distance we found between the LHINs and the programs suggests a need for more connections to be forged between mental health at the LHINs and mental health on the frontlines. For example, the LHINs could become partners in the non-competitive comparison events described above.

## Appendix A: Question Guide

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**Preamble** The point of the preamble is to signal that the interview is beginning and to orient the participant to where you will be heading. You can accomplish this in several ways: For example, you might reference the study description in the letter of invitation or, if the participant was interviewed in phase I, remind them of that participation. Remember that the overall objective of this study is to tell the story of what happened on the ground as a result of the new funding that was poured into the Ontario mental health system beginning in 2004/2005. In Phase I, we sought to understand how communities used accord and service enhancement money to plan and implement new programming. In Phase II, we want to look at what communities see as the effects of this new money on their programs and on the mental health system in Ontario more broadly.

**Q1** From your perspective, what has been the impact of the new funding that has come into the system since fiscal year 2004/2005?

- Probe for specific examples
- Probe for both positive and negative impact
- Probe for anything that might have surprised the participant
- Probe for whether the participant can speak to what has happened in the broader region or is more comfortable talking at the program level.

**Q2** [Repeat impacts listed] What are you seeing that tells you these things have happened?

**Q3** What would you still like to know about the impact of the new funding?

**Q4** Were you involved in the process of planning for the new money in this region? If so, how? How did the way in which the new programming was planned and implemented contribute to the impact you are seeing now?

- Q5** When we spoke to people in 2006, there were expectations that the new money would improve capacity to provide services by increasing staffing levels and facilitating their agencies' ability to connect to other types of services and supports. Clients would thus have better access to needed services and their interactions with the system would be more "seamless." Because of these changes, people living with mental health problems in the province of Ontario would experience an overall improvement in their quality of life. Have these expectations come to pass?
- Remember that after reading through the question once you can break it down into smaller parts
  - Probe for which ones have or have not
  - Probe for participant's explanations of why or why not
- Q6** Looking ahead 5 years, what do you see happening in the future?
- Remember that we are interested both in what they think *will* happen and what they think *should* happen
  - Probe for concerns, including sustainability
  - Probe for what participant would like to see happen in the future
- Q7** Who else do you recommend we speak to in order to understand the impact of the new funding in this region?
- Probe for a contact the LIHN
- Q8** Before we finish, I want to ask you about something slightly different—your experiences with the Matryoshka project. How have you been involved with the project?\*
- Probe for types of involvement
  - Probe for what has been useful
  - Probe for how they have used information
  - Probe for what they would like to see in the future
- Q9** Is there anything I haven't asked you about the impact of the new funding or about anything else that I should know?

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\*The answers to the questions about the Matryoshka Project were not analyzed for this report. Instead, they will be used internally. For example, they will help Project researchers to develop a KT strategy for dissemination of the Project's findings.

## **Appendix B: Analysis Template**

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Participant ID \_\_\_\_\_

Interviewer \_\_\_\_\_

Person completing template \_\_\_\_\_

**Impact**

**Evidence/Outcomes**

**Connection between planning/implementation and impact**

**Comparison between expectations and what has actually happened**

**LIHN/MOH**

**Planning tables**

**Relationships with other agencies**

**Challenges/Concerns**

**The future**

**Matryoshka project**

**Other important points**

**Impact** means any effects or results the participants are attributing to the new money. We are interested in positive effects, negative effects, or anything that might be surprising. Remember that we want as many detailed examples as possible.

**Evidence/Outcomes** means what the participants are using to determine the impact of the new money. What are they looking at that tells them these changes have taken place? We are also interested in the evidence they think is lacking.

**Connection between planning/implementation and impact.** We are trying to understand how the ways in which planning and implementation took place have affected the results. You should use this category for any excerpts in which the participants are referring to the planning and implementation processes, as well as places in which they are connecting those processes to the impact.

**Comparison between expectations and impact.** We want to look at whether the logic used by participants in phase I to understand how the new money was going to affect the system has or has not come to pass.

**LIHN/MOH** means anyplace in which participants talk about their current interactions with their local LIHN or with the Ministry. If participants are not able to name their LIHN contact you should put it here.

**Planning tables** means anyplace in which participants talk about their current interactions with the local planning table.

**Relationships with other agencies** means anyplace in which participants talk about their current interactions with other agencies, including referrals, inability to refer, sharing information, etc.

**Challenges/Concerns** about the past or the present.

**The future** means anything about what the participant wants or expects to see in the future.

**Matryoshka project** means anything about their involvement with the project, ways in which they have used reports, etc.

**Other important points** means anything that may not fit into one of the above categories, but seems to have been emphasized by the participant.

- Remember that one excerpt may fit into more than one category.
- Remember that you may find information pertaining to a given category in places other than the question that seems to be most directly related to it
- Remember that everything the participant says may not have to appear in the template (e.g., suggestions for whom to interview)
- Remember to make a note in brackets if you think there is something important for the analyst to know that is not apparent from reading the excerpt.
- Remember to note the line number where the transcript excerpt begins

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Health and Addiction Programs